

Many efforts are underway at UCLA Health System that are improving our registration and billing claim process. These changes not only sustain our revenue cycle, they support patient safety and practice efficiency that ties to patient satisfaction. But let's face it, change is not easy. Why is that? Quite simply, change is an emotional process. We are all creatures of habit who usually resist it, and welcome routine.

However, in the long run, sameness is a fast track to mediocrity. And, mediocre companies won't survive. The truth, of course, is that change can be a wonderful gift. In fact, it is the key that unlocks the doors to growth and excitement in any organization. But change requires you to get out of your comfort zone and unlearn the old ways of doing something in order to build new skill and abilities.

Over the calendar year, many announcements have been issued to inform staff of new ADT system enhancements and operational processes. In this newsletter, we're going to review some of those changes.

### Financial Class Listing: Copying

On August 27, 2009, changes were implemented to improve the integrity of financial class listing selections when copying listings by encounter date and location. After selecting a FC listing, the prioritization screen displays to verify the selection. Staff should validate the payor name and insurance plan being used. Payor Data screens then display to confirm insurance card and billing entries. Staff should ensure that all data fields are complete and accurate in comparison to the insurance card and plan: a) the patient name on the insurance card, b) subscriber data, c) patient ID (certificate number), d) group number (sometimes documented as the account number), e) effective date, f) co-

payment amount. Coding was implemented to disallow staff from selecting a listing that is more than 60-days past; includes a Grant FC; includes a Workers Comp FC.

### Authorization Screen

On May 12, 2009, the **SERVICE**: code table was modified to better identify the type of authorization being processed and to define the auth route to the billing system. Code **AHOS** routes only to the hospital billing system; code **APRO** routes only to the professional billing system; code **BOTH** routes to both hospital and professional billing systems. Codes **CCSH**, **CCSP**, **INP**, and **UNKN** were removed from the table.

Authorization data is an important aspect to the billing claim process. In addition to defining the right service code, the authorization Number must also be properly noted. Staff must make proper keyboard entries such as the number key for zero or the letter key for "O" and ensure the auth number is entered completely and correctly. Additionally, authorization data must be recorded under the *Authorization* screen, and *attached* to the Encounter visit record in order for the data to transfer to the billing system. Making Folder Notes about authorization verification and entry is also important. However, authorization data should never be recorded *only* under the notes screen.

### Primary Language

On March 2, 2009, the Primary Language Table was expanded from 10 valid codes to 54, to comply with the Office of Statewide Health Planning and Development (OSHPD). OSHPD requires health facilities to report the Primary Language Spoken of discharged and visiting patients. All Inpatient, EMC, and Ambulatory operations staff must ensure accuracy of primary language data. Primary language data is required for all

patients of all ages. So for pediatrics, an infant's primary language is listed the same as the parent.

When encountering a new UCLA Health System patient, the *Primary Language Data* screen automatically displays for completion. Once a language selection is made, updates are initiated from the *Special Handling* screen, which is accessible from the *Patient Basic Data* screen.

- If **unknown** is or was once selected for an existing patient record, the *Primary Language Data* screen will appear during the encounter process to prompt completion.
- If **other** is or was once selected, staff must initiate a primary language update to ensure compliance if the language is now listed.

### Masking Patient Names

On March 2, 2009, a new UCLA Health System process and policy was developed to continue to safeguard patient confidentiality. Two new system features were created to provide the ability to create a Temporary Name change or a Permanent/Confidential Name change to a patient record. A very detailed process was created to ensure proper and effective patient communication and medical record updating. Dedicated training was offered by BRITE to outpatient practice managers to support the deployment of the new process. The supporting FPG Standard and Guideline is available online at: [http://fpg.mednet.ucla.edu/new\\_fpg/general/policyproced/fopo/Issuance\\_of\\_Name\\_Change.PDF](http://fpg.mednet.ucla.edu/new_fpg/general/policyproced/fopo/Issuance_of_Name_Change.PDF).

More information about each system enhancement is available on the BRITE web site under Job Aids at <http://fpg.mednet.ucla.edu/brite> and has been incorporated into the latest BRITE training courses. ▶

## How BRITE is Supporting the Stockamp Engagement

Stockamp & Associates is a national provider of healthcare performance improvement solutions. They help high-performing hospitals reach the pinnacle of financial and operational excellence. Stockamp has been working with UCLA Health System throughout the past year. UCLA Health System has appointed staff within the Hospital and Faculty Practice Group to be trained on Stockamp practices and systems, in order to continue the deployment of the new ONTRAC® tool after Stockamp departs in November 2009.

UCLA Health System employees play a critical role in supporting patient safety, clinical operations, and the revenue cycle. To support the development and training of our staff, with the very important duty of registering and encountering patients, new training solutions were deployed by BRITE in April 2009. Efforts are ongoing to expand the training, which will include future curriculum on Medicare, Medi-Cal, Tricare, CCS, and Workers Compensation payors.

### OP Encounter Registration Assessment

Employees with system access should be tested to check their current knowledge and skill in using ADT Encounter Registration, *before* starting the Stockamp engagement, to help evaluate their abilities. Several weeks prior to starting the Stockamp engagement, the FPG Ambulatory Operations team provides information on assessment lab dates to help coordinate participation. Staff members that score 85% or better on the assessment will be approved for the Stockamp engagement. Staff members that score less than 85% will be asked to attend a 1-day refresher training that focuses on Insurance Payor Training, Managed Care 101.

### 1-Day Refresher Training: Managed Care 101

This course is reserved for practice staff that did not pass the assessment, to support the Stockamp engagement. Training dates and times will be offered to the practice manager via email concluding the results of the assessment test. *This course is not open to general enrollment.*

### New Hire/Appointment Training

Consecutive days of training are required for first-time system users, for newly appointed administrative personnel, or for staff that have limited work experience registering and encountering patients and therefore need further development. Staff members accepting a new UCLA position, that once had Encounter Registration access, are also required to attend if access has been expired for more than a 90-day term. Each day of training has specific learning benefits and outcomes outlined on the BRITE web site at <[www.fpg.mednet.ucla.edu/brite](http://www.fpg.mednet.ucla.edu/brite)> under Courses and Dates, Outpatient Encounter Registration.

- Day 1: Introduction to Outpatient Registration
- Day 2: Insurance Payor Training: Managed Care 101
- Day 3: Final Activities

It is important that system access to add/modify records is only granted to staff when our organizational competencies are achieved in training, which requires a passing score of 85% or greater. Staff falling short of this benchmark should be evaluated and will require additional training and quality assurance monitoring if access is granted.

To learn more about BRITE visit our web site at <[www.fpg.mednet.ucla.edu/brite](http://www.fpg.mednet.ucla.edu/brite)> or contact Lisa Sergy, BRITE Training Assistant Director, [lsergy@mednet.ucla.edu](mailto:lsergy@mednet.ucla.edu).



“I always wondered why somebody didn’t do something about that.  
Then I realized I was somebody.”

LILLY TOMLIN

